

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

| | | | | | | | |
|-------------------|-----------------------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------------|--|--|
| Work Order: _____ | DISPOSITION | AGAINST DEPARTMENT/PROCESS | | | | | |
| Part No. _____ | Rework <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | |
| NCR No. _____ | Scrap <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | |
| | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | |
| | Suspected Unapproved <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | |

| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

| FAULT CATEGORY | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |

Work Order ID 104845

July-22-13 11:24:26 AM

104845

Page 2

Item ID: 647.1713

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Spacer

Start Date: 7/22/13 Start Qty: 40.00 *40*

Cust Item ID:

Required Date: 8/05/13 Req'd Qty: 40.00 *40*

Customer:

Reference:

| | | | | | | | |
|------------|---------------|-------|------------|-------|-----|-------|-------|
| Approvals: | Process Plan: | Date: | Tooling: | Date: | Run | Start | *NR1* |
| | QC: | Date: | SPC (Y/N): | Date: | | Stop | *NR2* |

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|-----------------------------------------------|-------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 160 *160* Outsource4 | Outsource process-Anodize per QSI017 4.1.10.1 | 0.00 | | | | | | | CL 13/08/23 40 |
| Outsource process - Anodize | Memo ISSUE P/O: 21052 HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 3) | 0.00 | | | | | | | |
| 170 *170* Packaging Packaging | Receive & Inspect for Damage & Mat'l Certs | 0.00 | | | | | | | 7/3/13 44 |
| 180 *180* QC Quality Control | QC5- Inspect part completeness to step on W/O Memo | 0.00 | | | | | | | WA Smp |

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

| | | | | | | | |
|-------------------|------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------|---------------------------------|--|--|
| Work Order: _____ | DISPOSITION | AGAINST DEPARTMENT/PROCESS | | | | | |
| Part No. _____ | Rework Scrap Use-as-is Suspected Unapproved | Skid-tube Machining Thermoforming Large Fab | Crosstube Small Fab Finishing Composite | Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier | Engineering Quality Other | | |
| NCR No. _____ | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Design | | | | | | | | | |
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Handling/Pre | | | | | | | | | |
| Material | | | | | | | | | |
| Operator | | | | | | | | | |
| Offset/Setup | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Transport | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| Landing Gear | General | Folio/Program | Outside Dimensions | Pressure/Forced |
|--------------------------|----------------------|-----------------------------------|----------------------|--------------------|
| Bending | Bend | Grain | Over/Under tolerance | Set-up |
| Centre Not Concentric | BOM/Route | Hardware | Part Incorrect | Temperature/Cure |
| Cracks | Broken/Damage/Defect | Inspection Incomplete/Unqualified | Part Lost/Missing | Weld |
| Crimp/Kink/Ripple/Wave | Burrs | Instructions Incomplete/Unclear | Part Moved | Wrong Stock Pulled |
| Cuffs | Contamination | Misaligned/off center | Positioned Wrong | |
| Crushing | Countersink | Mislabeled | Power Loss/Surge | Other |
| Heat Treat | Cut Too Short | Misread | | |
| Inspection Strip in Tube | Drawing | Off-set | | |
| Marks/Chatter | Drill Holes | Out of Calibration | | |
| Turning Sequence | Finish | Out of Sequence | | |
| Wave/Twist in Tube | Fit/Function | | | |

Work Order ID 104845

July-22-13 11:24:26 AM

104845

Page 3

Item ID: 647.1713

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Spacer

Start Date: 7/22/13 Start Qty: 40.00

40

Cust Item ID:

Required Date: 8/05/13 Req'd Qty: 40.00

40

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

190

SprayPaint

Spray Painting

Memo

0.00

CL 13/08/23

PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 3)

CARDINAL 4860-50 PRIMER BATCH: 125425

200

200

QC

Quality Control

QC14- Inspect Spray Paint

0.00

DAS

27

9-89

40

139 16

210

Identify as per dwg & Stock Location: 55536 0.00

210

Packaging

Packaging

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

40X

DAS
6-26-06

13-9-16.

DQA: _____ Date: _____

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

| Work Order: _____ | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | | |
|--------------------------|----------------------|-----------------------------------|----------------------|-----------------------------------------------------|-----------|---------------------|--------------------|-------------|--------------|--------------|
| Part No. _____ | Rework | Scrap | Use-as-is | Skid-tube | Crosstube | Water Jet | Engineering | | | |
| NCR No. _____ | Suspected | Unapproved | | Machining | Small Fab | Prod. Eng. Coor. | Quality | | | |
| | | | | Thermoforming | Finishing | Rec/Store/Packaging | Other | | | |
| | | | | Large Fab | Composite | Supplier | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or non-conformance | | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
| Design | | | | | | | | | | |
| Doc/Data | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | |
| Handling/Pre | | | | | | | | | | |
| Material | | | | | | | | | | |
| Operator | | | | | | | | | | |
| Offset/Setup | | | | | | | | | | |
| Process | | | | | | | | | | |
| Supplier | | | | | | | | | | |
| Training | | | | | | | | | | |
| Transport | | | | | | | | | | |
| Unapproved | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | |
| Landing Gear | | | General | | | | | | | |
| Bending | Bend | Folio/Program | Outside Dimensions | Pressure/Forced | | | | | | |
| Centre Not Concentric | BOM/Route | Grain | Over/Under tolerance | Set-up | | | | | | |
| Cracks | Broken/Damage/Defect | Hardware | Part Incorrect | Temperature/Cure | | | | | | |
| Crimp/Kink/Ripple/Wave | Burrs | Inspection Incomplete/Unqualified | Part Lost/Missing | Weld | | | | | | |
| Cuffs | Contamination | Instructions Incomplete/Unclear | Part Moved | Wrong Stock Pulled | | | | | | |
| Crushing | Countersink | Misaligned/off center | Positioned Wrong | | | | | | | |
| Heat Treat | Cut Too Short | Mislabeled | Power Loss/Surge | | | | | | | |
| Inspection Strip in Tube | Drawing | Misread | | | | | | | | |
| Marks/Chatter | Drill Holes | Off-set | | | | | | | | |
| Turning Sequence | Finish | Out of Calibration | | | | | | | | |
| Wave/Twist in Tube | Fit/Function | Out of Sequence | | | | | | | | |

Work Order ID 104845

July-22-13 11:24:26 AM

104845

Page 4

Item ID: 647.1713

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Spacer

Start Date: 7/22/13 Start Qty: 40.00

40

Cust Item ID:

Required Date: 8/05/13 Req'd Qty: 40.00

40

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

220

QC21- Final Inspection - Work Order Release

0.00

13/9/18 JJ

220

QC

Quality Control

Memo

0.00

AB-09-11

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | |
|-------------------|------|------|--------------------------------------------|-------------------------------------------------------|-----------------------------------------|-----------------------------------------------|----------------------------------------------|------------------------------------|--------------------------------------|--------------|--|
| | | | Rework <input type="checkbox"/> | Scrap <input type="checkbox"/> | Use-as-is <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | |
| | | | Work Order Update <input type="checkbox"/> | Machining <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | |
| | | | | Large Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Composite <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear | | | | General | | | | | | | |
| | | | | Bending <input type="checkbox"/> | Grain <input type="checkbox"/> | Ovalized <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/> | | | | |
| | | | | Centre Not Concentric to O/S <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | | | | |
| | | | | Cracks <input type="checkbox"/> | Broken/Damaged <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Weld <input type="checkbox"/> | | | | |
| | | | | Crushed/Crimped <input type="checkbox"/> | Burrs <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | | | | |
| | | | | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Part Moved <input type="checkbox"/> | | | | | |
| | | | | Heat Treat <input type="checkbox"/> | Countersink <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | | | | | |
| | | | | Inspection Strip in Tube <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Other <input type="checkbox"/> | | | | |
| | | | | Ripples in Bend <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | | | | | | |
| | | | | Torque Waves in Extrusion <input type="checkbox"/> | Drawing <input type="checkbox"/> | | | | | | |
| | | | | Turning Sequence <input type="checkbox"/> | Finish <input type="checkbox"/> | | | | | | |
| | | | | Wave/Twist in Tube <input type="checkbox"/> | Folio <input type="checkbox"/> | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

• Picklist Print

July-22-13 11:24:31 AM

Page 1

Work Order ID: 104845

104845
647 1713

Parent Item: 647.1713

Parent Item Name: Spacer

Start Date: 7/22/13

Required Date: 8/05/13

Start Qty: 40.00

Required Qty: 40.00

Comments: IPP REV:A 12.10.04 NEW ISSUE DD VERF:JFS

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| M6061T6R1.250 | | Purchased | No | | | | f | 14.6110 | | 0.842105 | | | ** |

M6061T6R1 250

6061-T6 Round Bar 1.250

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| MAT013 | 14.611 | |
| 113457 | 2.16 | |
| 113550 | 7.301 | |
| 123483 | 5.15 | |

126593

11-666 2013-8-16

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | | | | | | | | | | |
|------------------------------|------|----------------|--------------------------------------------|-----------------------------------------------------|------------------------------------|------------------------------------|------------------------------------|----------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|-------------------------------------------|----------------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|--------------------------------|
| Part No. _____ | | | Rework <input type="checkbox"/> | Scrap <input type="checkbox"/> | Use-as-is <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Machining <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/> | Quality <input type="checkbox"/> | Other <input type="checkbox"/> |
| NCR No. _____ | | | Work Order Update <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | | | Sign & Date | Verification | | | QC Inspector | | | | | | |
| Doc/Data | | | | | | | | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | | | | | | | | |
| Landing Gear | | | | General | | | | | | | | | | | | | | | | |
| Bending | | Bend | | Grain | | Ovalized | | Pressure/Forced | | Temperature/Cure | | Weld | | Wrong Stock Pulled | | | | | | |
| Centre Not Concentric to O/S | | BOM/Route | | Hardware | | Over/Under tolerance | | | | Part Incorrect | | | | | | | | | | |
| Cracks | | Broken/Damaged | | Inspection Incomplete | | Part Lost/Missing | | | | Part Moved | | | | | | | | | | |
| Crushed/Crimped | | Burrs | | Instructions Incomplete/Unclear | | Positioned Wrong | | | | Power Loss/Surge | | | | | | | | | | |
| Cuffs | | Contamination | | Maintenance | | Other | | | | | | | | | | | | | | |
| Heat Treat | | Countersink | | Mislabeled | | | | | | | | | | | | | | | | |
| Inspection Strip in Tube | | Cut Too Short | | Misread | | | | | | | | | | | | | | | | |
| Ripples in Bend | | Drill Holes | | Offset | | | | | | | | | | | | | | | | |
| Torque Waves in Extrusion | | Drawing | | Out of Calibration | | | | | | | | | | | | | | | | |
| Turning Sequence | | Finish | | Out of Sequence | | | | | | | | | | | | | | | | |
| Wave/Twist in Tube | | Folio | | Outside Dimensions | | | | | | | | | | | | | | | | |

APICAL
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 03970

SHEET 1 OF 2

DWG NO. 647.1700

REV: A

PREPARED BY: J. BECKER

DATE: 07/03/13

EFFECT ON DWG
 INC. UNINC.

DWG TITLE: SKID DEFLECTOR ASSY

APPROVED BY:

ENGR: *[Signature]*

MFG

[Signature]

QC

[Signature]

EFF: NEXT ORDER

TRANSACTION CODES (TC):
A-ADD C-CREATE
R-REVISE D-DELETE

REASON: CREATED CONFIGURATION 1702. REVISED DIMENSION.

SHOP
RETURN
ENGINEER
UNCONTROLLED
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK
NO. 104845 MLS

13-07-22

| | | | | | | | |
|---------------------|----|-------------|------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------|
| 10 | C | 647.1715 | 1 | | PLATE | 1 | 3 |
| 9 | C | 647.1714 | 1 | | PLATE | 1 | 3 |
| 8 | R | 601.1622 | 1 | 1 | SCREW | MS27039-1-14 | |
| 7 | R | 601.2943 | 1 | 1 | LOCKNUT | MS21942-3 | |
| 6 | R | 601.1607 | 1 | 2 | WASHER | NAS1149F0332P | |
| 5 | R | 601.1915 | 1 | 22 | RIVET | CR3213-4-4 | |
| 4 | R | 647.1713 | 1 | 1 | SPACER | 2 | 3 |
| 3 | R | 647.1712 | 1 | 1 | GUSSET | 1 | 3 |
| 2 | R | 647.1711 | | 1 | PLATE | 1 | 3 |
| 1 | R | 647.1710 | | 1 | PLATE | 1 | 3 |
| C | | 647.1702 | X | | SKID DEFLECTOR ASSY | | |
| F/N | TC | PART NUMBER | 1702 | 1701 | DESCRIPTION | MATERIAL | SPECIFICATION |
| | | | QTY | | | | |
| DOCUMENTS EFFECTED: | | | | <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input checked="" type="checkbox"/> BOM | CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR | DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |

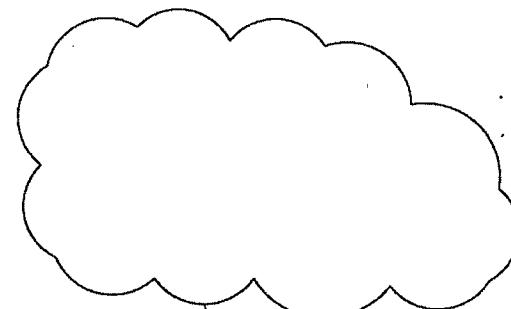
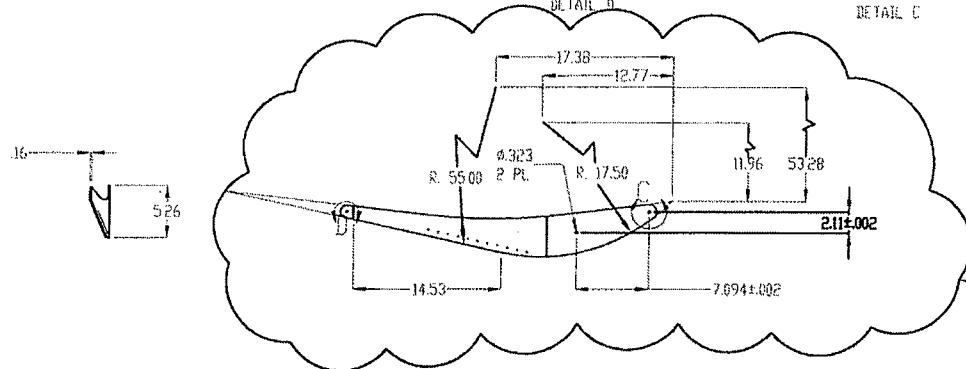
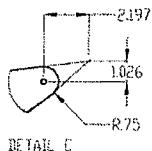
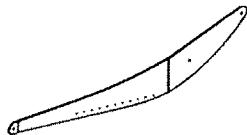
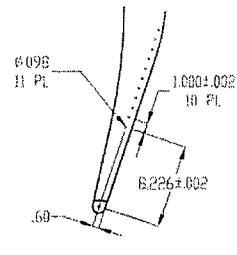
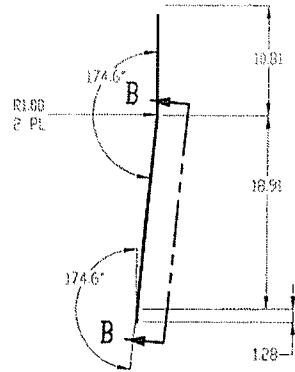
NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------|-------|
| Part No. _____ | Work Order Update | Rework | Scrap | Use-as-is | Skid-tube | Machining | Thermoforming | Large Fab | Crosstube | Small Fab | Finishing | Composite | Water Jet | Prod. Eng. Coor. | Rec/Store/Packaging | Supplier | Engineering | Quality | Other |
| NCR No. _____ | | | | | | | | | | | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | | Sign & Date | Verification | | QC Inspector | | | | | | | |
| Doc/Data | | | | | | | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled | | | |
| | | | | | | | | | | | | | | | | <input type="checkbox"/> Other | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |



WAS

SHEET 3, ZONE C7, D4:

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|----------------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|--------------------------------|
| Part No. _____ | Work Order Update | Rework <input type="checkbox"/> | Scrap <input type="checkbox"/> | Use-as-is <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Machining <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/> | Quality <input type="checkbox"/> | Other <input type="checkbox"/> |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | | | Sign & Date | Verification | QC Inspector | | | | | | | |
| Doc/Data | | | | | | | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

NOTES:

1. MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-250/12

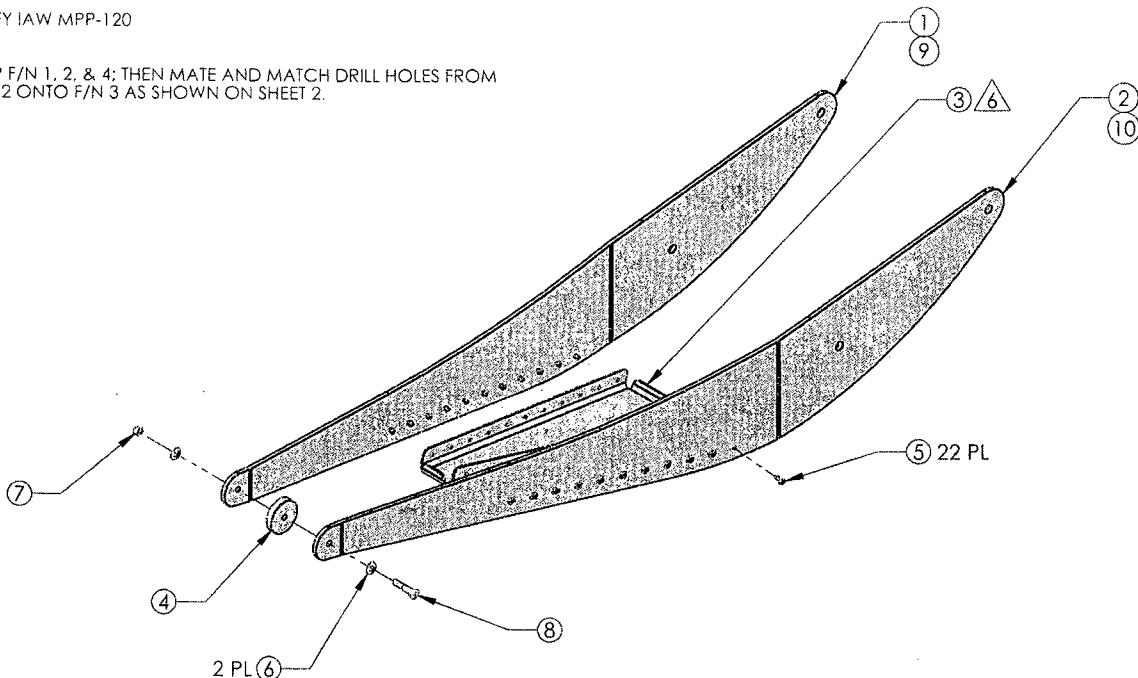
2. MATERIAL: 6061-T6 ALUMINUM BAR IAW AMS-QQ-A-250/11

3. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2, COLOR BLACK;
PRETREAT PRC-DESO TO PR-148 ADHESION PROMOTER, COLOR BLUE;
PRIME IAW MIL-P-23377J TYPE I CLASS N; 1-2 MIL MAX

4. DEBURR AND BREAK ALL SHARP EDGES

5. IDENTIFY IAW MPP-120

6. CLAMP F/N 1, 2, & 4; THEN MATE AND MATCH DRILL HOLES FROM
F/N 1 & 2 ONTO F/N 3 AS SHOWN ON SHEET 2.



| QTY | 10 | 647.1715 | PLATE | △ | △ |
|---------------------------|-----------------------|-----------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------|-------|
| 1 | 9 | 647.1714 | PLATE | △ | △ |
| 1 | 8 | 601.1622 | SCREW | MS27032-1-14 | |
| 1 | 7 | 601.2943 | LOCKNUT | AS21042-3 | |
| 1 | 6 | 601.1607 | WASHER | AS11490332P | |
| 1 | 22 | 601.1915 | RIVET | CR213-4-4 | |
| 1 | 4 | 647.1713 | SPACER | △ | △ |
| 1 | 3 | 647.1712 | GUSSET | △ | △ |
| 1 | 2 | 647.1711 | PLATE | △ | △ |
| 1 | 1 | 647.1710 | PLATE | △ | △ |
| | | 647.1702 | SKID DEFLECTOR ASSY | | |
| | | 647.1701 | SKID DEFLECTOR ASSY | | |
| .1702 | .1701 | FIND # | PART # | DESCRIPTION | MATL |
| | | | | | SPEC. |
| PARTS LIST | | | | | |
| ORIGINAL DATE 10/04/01 | DEBRIEFED 10/04/01 | RELEASER J. GARDNER | RELEASER J. GARDNER | APICAL INDUSTRIES | |
| 647.1300 | | DRAWING APPROVED W. MAND | DRAWING APPROVED W. MAND | 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 | |
| | | CONTRACTING COMPANY | | SKID DEFLECTOR ASSY | |
| | | UNLESS OTHERWISE SPECIFIED TOLERANCES ARE 2 PLACE DECIMALS & ANGLES ± 5° | | REV. B | |
| | | | 647.1700 | | |
| | | | 07/02 | | |
| | | | SCALE NONE | | |
| | | | | | |

NCR: Yes / No

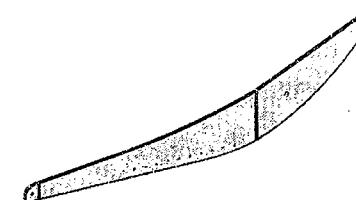
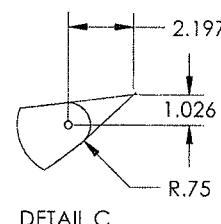
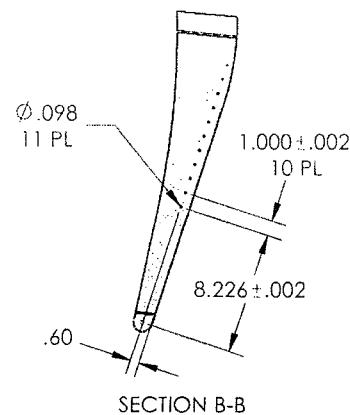
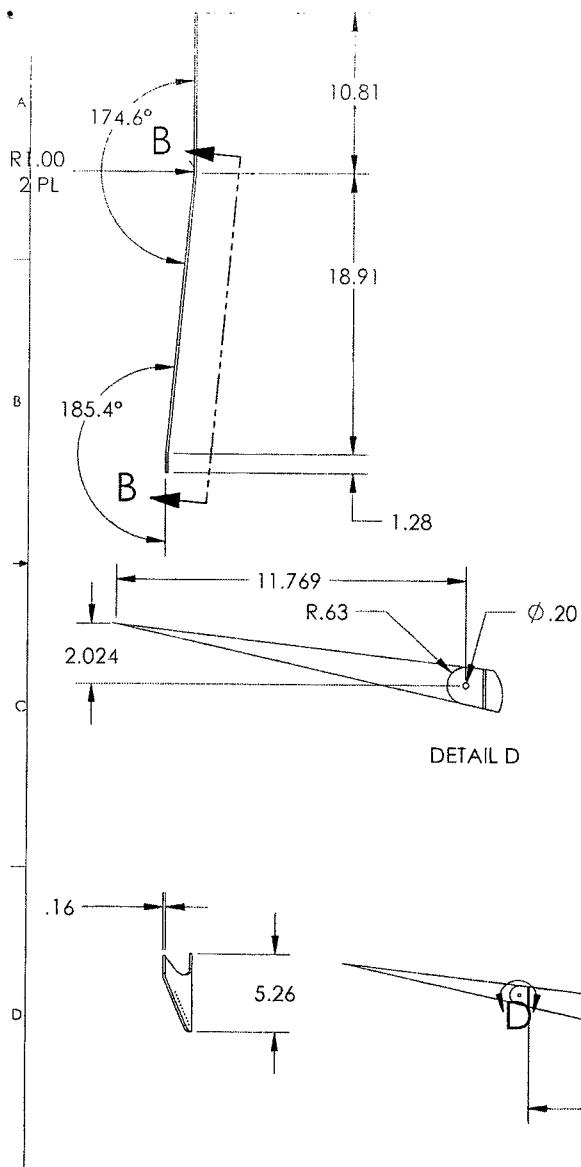
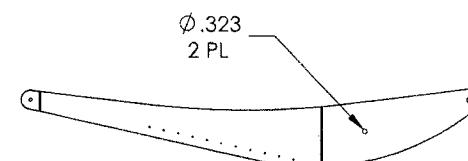
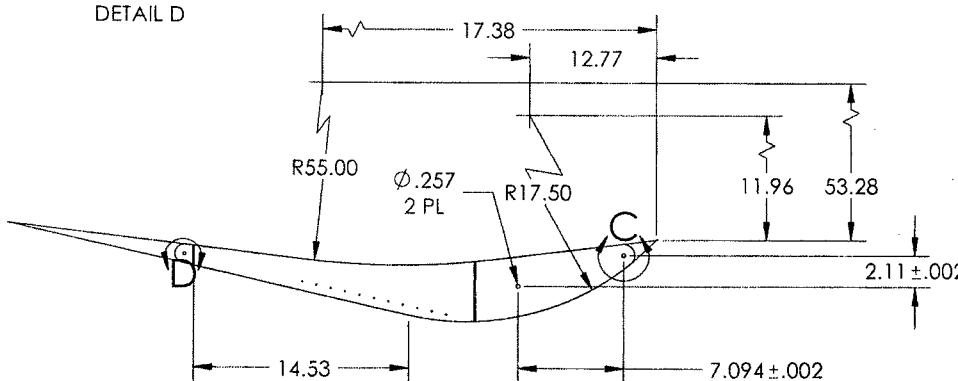
DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------|--------------------|-------------|--------------|--------------|--|
| Part No. _____ | Rework <input type="checkbox"/> | Scrap <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | |
| NCR No. _____ | Use-as-is <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | |
| | Work Order Update <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | | | | |
| | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

104 (845)

647.1711 SHOWN
647.1710 OPPOSITE647.1714 SHOWN
647.1715 OPPOSITE

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| ORIGINAL DATE 10/24/14 | REV. B | APICAL INDUSTRIES |
| DESIGNER J. CARDENAS | CHANGER P. BRAVO | 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 |
| GRAVOID APPROVAL P. BRAVO | | SKID DEFLECTOR ASSY |
| CONTRACT NO. | | |
| UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ± .005 3 PLACE DECIMALS ± .003 ANGLES ± 3° | SIZE B SCALE NONE | CAGE CODE 07M26 DRAW. NO. 647.1700 REV. B SHEET 3 OF 5 |

NCR: Yes / No

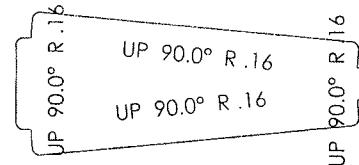
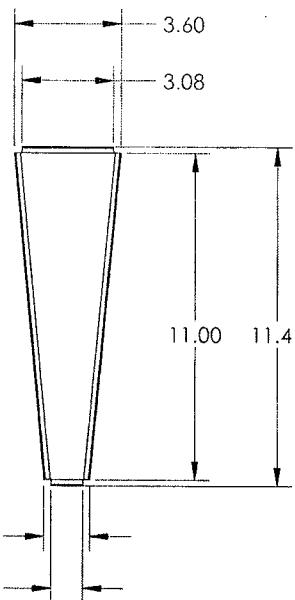
DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

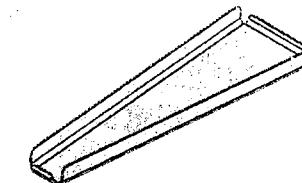
QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | |
|-------------------|-------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|----------------------------------------------|------------------------------------|-------------------------------------------|--------------------------------------|--------------|--|
| Part No. _____ | | | Rework <input type="checkbox"/> | Scrap <input type="checkbox"/> | Use-as-is <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | |
| NCR No. _____ | | | Work Order Update <input type="checkbox"/> | Machining <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Quality <input type="checkbox"/> | | |
| | | | | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Supplier <input type="checkbox"/> | Other <input type="checkbox"/> | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear | General | | | | | | | | | | |
| | <input type="checkbox"/> Bending | <input type="checkbox"/> Bend | <input type="checkbox"/> Grain | <input type="checkbox"/> Ovalized | <input type="checkbox"/> Pressure/Forced | | | | | | |
| | <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Hardware | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Temperature/Cure | | | | | | |
| | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete | <input type="checkbox"/> Part Incorrect | <input type="checkbox"/> Weld | | | | | | |
| | <input type="checkbox"/> Crushed/Crimped | <input type="checkbox"/> Burrs | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Wrong Stock Pulled | | | | | | |
| | <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Part Moved | | | | | | | |
| | <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Countersink | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Positioned Wrong | | | | | | | |
| | <input type="checkbox"/> Inspection Strip in Tube | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Misread | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Other | | | | | | |
| | <input type="checkbox"/> Ripples in Bend | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Offset | | | | | | | | |
| | <input type="checkbox"/> Torque Waves in Extrusion | <input type="checkbox"/> Drawing | <input type="checkbox"/> Out of Calibration | | | | | | | | |
| | <input type="checkbox"/> Turning Sequence | <input type="checkbox"/> Finish | <input type="checkbox"/> Out of Sequence | | | | | | | | |
| | <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Folio | <input type="checkbox"/> Outside Dimensions | | | | | | | | |

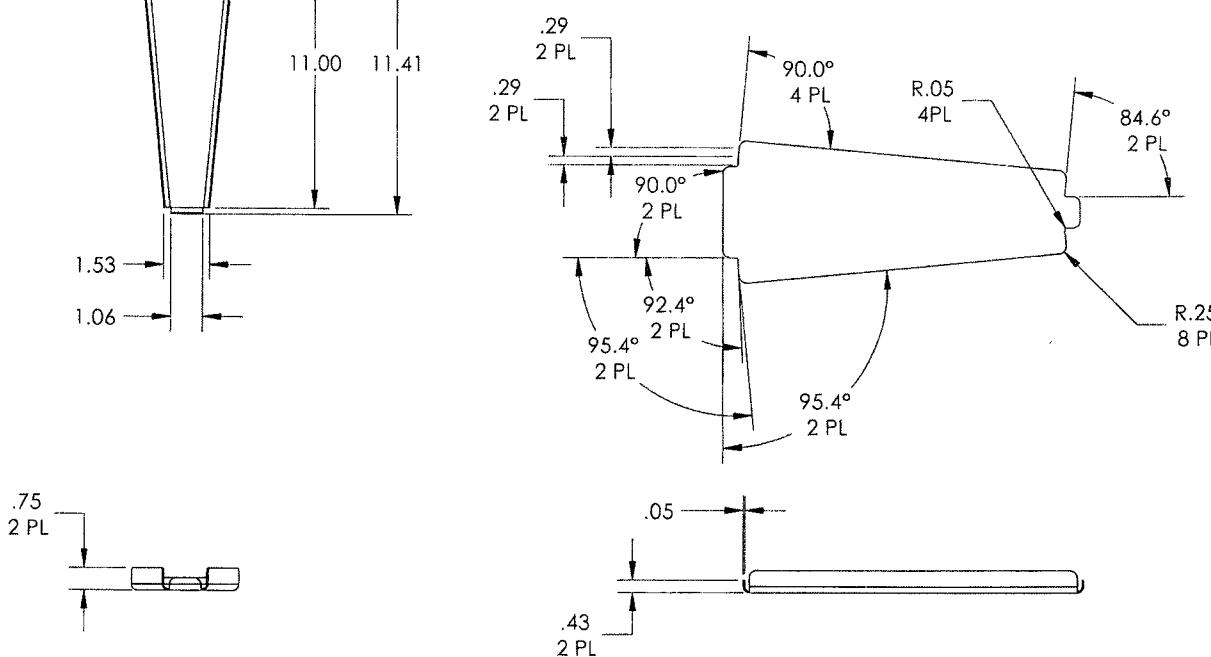
104845



FLAT PATTERN



647.1712



| | | | |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|----------|
| ORIGINAL DATE | 07/09/00 | REVISED DATE | 07/09/00 |
| DRAWN BY | RECHECKED | DESIGNED BY | BRUNO |
| J. CLASCHIER | | P. BRAVO | |
| DRAWING APPROVAL | | P. BRAVO | |
| P. BRAVO | | P. BRAVO | |
| COMPLIMENTING | | | |
| THIS IS A DRAWING SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: ±.01 3 PLACE DECIMAL: ±.005 4 PLACES: ±.0005 | | | |
| REF. PAGE CODE | REV. NO. | 647.1700 | |
| B | 07M26 | B | |
| SCALE: NONE | | | |
| SHEET 4 OF 5 | | | |

APICAL INDUSTRIES

2608 TEMPLE HEIGHTS DR.

OCEANSIDE, CA. 92056-3512 (760)724-5300

SKID DEFLECTOR ASSY

NCR: Yes / No

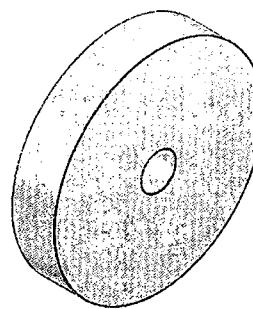
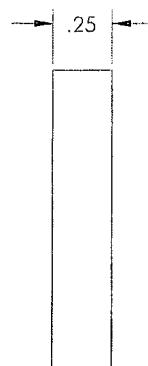
DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

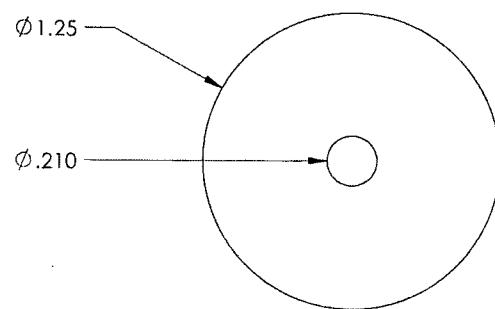
QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | | AGAINST DEPARTMENT/PROCESS | | | | | | | | | | | | | | | |
|-------------------|----------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------|-----------------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|----------------------------------------------|-------------------------------------------------|--------------------------------------|-----------------------------------------|-------------------------------------|-----------------------------------|
| | | | Rework <input type="checkbox"/> | Scrap <input type="checkbox"/> | Use-as-is <input type="checkbox"/> | Work Order Update <input type="checkbox"/> | Skid-tube <input type="checkbox"/> | Machining <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Finishing <input type="checkbox"/> | Composite <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Prod. Eng. Coor. <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Supplier <input type="checkbox"/> | Engineering <input type="checkbox"/> | Quality <input type="checkbox"/> | Other <input type="checkbox"/> |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | | Initial Chief Eng | Action Description | | | Sign & Date | Verification | | QC Inspector | | | | | | | |
| Doc/Data | | | | | | | | | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | | | | | | | | | |
| Landing Gear | General | | | | General | | | | General | | | | General | | | | | | | | |
| | Bending <input type="checkbox"/> | Bend <input type="checkbox"/> | Grain <input type="checkbox"/> | Ovalized <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Centre Not Concentric to O/S <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Hardware <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Cracks <input type="checkbox"/> | Broken/Damaged <input type="checkbox"/> | Inspection Incomplete <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Weld <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Crushed/Crimped <input type="checkbox"/> | Burrs <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Maintenance <input type="checkbox"/> | Part Moved <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| | Heat Treat <input type="checkbox"/> | Countersink <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| | Inspection Strip in Tube <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Misread <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| | Ripples in Bend <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Offset <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| | Torque Waves in Extrusion <input type="checkbox"/> | Drawing <input type="checkbox"/> | Out of Calibration <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| | Turning Sequence <input type="checkbox"/> | Finish <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| | Wave/Twist in Tube <input type="checkbox"/> | Folio <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |

10484)



647.1713



| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------|--------------|
| ORIGINAL DATE NOV 20 2000 | REVISED DATE NOV 20 2000 | APICAL INDUSTRIES | |
| DESIGNER I. GAFNER | CHIEF C.P. | 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300 | |
| DRAWING APPROVAL P. BRAVO | | | |
| COMPTACT INC | | | |
| UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES TOLERANCES ARE STRAIGHTNESS ± .005 FLATNESS ± .005 ANGLES ± 5° | REF. C-1A CODE | DRW. NO. | REV. B |
| | B 07M26 | 647.1700 | |
| | SCALE NONE | | SHEET 5 OF 5 |

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

| Work Order: _____ | | | DISPOSITION | | AGAINST DEPARTMENT/PROCESS | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Part No. _____ | <input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update | | <input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab | | <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite | | <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier | | <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other | | | | | | |
| NCR No. _____ | | | | | | | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | | Initial Chief Eng | Action Description | | Sign & Date | Verification | QC Inspector | | | | |
| Doc/Data | | | | | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | | | | | |
| Operator | | | | | | | | | | | | | | | |
| Material | | | | | | | | | | | | | | | |
| Setup | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | | | |
| Supplier | | | | | | | | | | | | | | | |
| Training | | | | | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled | |

| | | |
|----------------------------|---------------------|--------------------|
| DART AEROSPACE LTD | Work Order: | 104845 |
| Description: SPACER | Part Number: | 647-1713 |
| Inspection Dwg: | Rev: B | Page 1 of 1 |

FIRST ARTICLE INSPECTION CHECKLIST

| | | | | | | | |
|--------------|----------------|-------------|-----------------|-------------|--|-----------------------|--|
| Measured by: | <i>PD</i> | Audited by: | <i>W.A</i> | DAS | | Preliminary Approval: | |
| Date: | <i>13.8.16</i> | Date: | <i>13/08/16</i> | <i>8-89</i> | | Date: | |

| Rev | Date | Change | Revised by | Approved |
|-----|----------|----------------------------|------------|----------|
| E | 10.04.14 | Added preliminary approval | KJ | |

10.04.15



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62618

Date: 12-Sep-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

| Terms | Ship Via | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| | | |
| Quantity | Description | Rev: |
| 1 lot | Part: ASST 5 PCS 646.2910 10 PCS 646.3240 40 PCS 647.1713 10 PCS 647.9313 20 PCS 647.9410 50 PCS 647.9411 4 PCS 647.9412 10 PCS 647.9413 HARD ANODIZE BLACK MIL-A-8625 TYPE II CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N Job: 20130567 | PO: 21052 |
| Line: | | |
| Certificate of Conformance | | |
| A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order. | | |
| ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY | | |
| DATE: <u>12/9/13</u> | | |
| CERTIFIED SIGNATURE: <u>John</u> | | |
| RECEIVER SIGNATURE: _____ | | |